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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 718204

1. Corporation Name
LAKE COMO WATER ASSOCIATION, INC.

Principal Place of Business PALMER STREET P.O. BOX 102 LAKE COMO FL 32157-0102	Mailing Address PALMER STREET P.O. BOX 102 LAKE COMO FL 32157-0102
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/17/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1399304
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GREER, VERNON C
 210 OLD HWY 17
 LAKE COMO FL 32157

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FLORIO, ANGELO C	
STREET ADDRESS	CORNER PRIOR ST.	
CITY-ST-ZIP	LAKE COMO, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREER, VERNON C	
STREET ADDRESS	210 OLD HWY 17	
CITY-ST-ZIP	LAKE COMO, FL 00000 32157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, RUTH	
STREET ADDRESS	TAYLOR FORY RD.	
CITY-ST-ZIP	LAKE COMO, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EDENFIELD, WILL	
STREET ADDRESS	YARDLEY AVE	
CITY-ST-ZIP	LAKE COMO, FL 00000 32157	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	STACK, DANNY	
STREET ADDRESS	EUCLID AVENUE	
CITY-ST-ZIP	LAKE COMO, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLORIO, ANGELO C	
STREET ADDRESS	CORNER PRIOR STREET	
CITY-ST-ZIP	LAKE COMO FL 32157	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lloyd Thompson	
1.3 STREET ADDRESS	Gay White Way	
1.4 CITY-ST-ZIP	LAKE COMO, FL 32157	
2.1 TITLE	NONE, except Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	and reg. agent	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SEC-TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	YVONNE STACK	
4.3 STREET ADDRESS	EUCLID AVENUE	
4.4 CITY-ST-ZIP	LAKE COMO, FL 32157	
5.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Yvonne S. Stack* SIGNATURE REQUIRED YVONNE S. STACK 4/12/99 904 649-0903
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)